

LETTER TO CUSTODIAN OF BIRTH RECORDS

PART 3 - PAYMENT INFORMATION

Enclosed is \$ _____ in the form of:

- ☐ Personal Check
- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card (Type, Number, Expiration Date) _____
- ☐ No Fee Required

DO NOT SEND CASH.

PART 4 - COMPLETED BY SSA OFFICIAL TO INDICATE RETURN ADDRESS/TO VERIFY REQUESTER'S IDENTITY

Signature _____

Social Security Office Name _____

Print Name and Title _____

Office Address _____

() - _____

Office Telephone Number with Area Code _____

Extension _____

Verification of Requester's Identity (If Required)

I verified the requester's identity. The requester submitted the following as evidence of his/her identity: _____

PART 5 - TO BE COMPLETED BY RECORDS CUSTODIAN OR OFFICIAL

Choose option A, B, or C.

- A. ☐ Certified Birth Record Attached
- B. ☐ Certification/Verification of Birth Record
- ☐ I verify the information on the document submitted.
- ☐ I certify the information provided below.

Name As Shown on the Record _____

Type of Birth or Religious Record _____

Date of Birth or Age _____

If Age, As of Which Birthday? ☐ Last ☐ Next ☐ Nearest ☐ Not Given

Date of the Record _____

Place of Birth _____

Mother's Full Name _____

Father's Full Name _____

Remarks _____